

NAME: _____

SOCIAL SECURITY #: _____ - _____ - _____

DATE OF BIRTH: _____ - _____ - _____

ADDRESS: _____

POSITION APPLIED FOR: _____

DEKALB COUNTY POLICE DEPARTMENT



BACKGROUND INVESTIGATION BOOKLET

**** I M P O R T A N T ****

READ ALL INSTRUCTIONS ON THIS PAGE BEFORE PROCEEDING FURTHER
Failure to follow instructions could cause your name to be removed from further consideration. Incomplete/incorrect information will delay your entire hiring process.

1. **DO NOT LEAVE ANY BLANKS IN THIS BOOKLET.** ANSWER ALL QUESTIONS ACCURATELY, TRUTHFULLY AND IN COMPLETE DETAIL.
2. THE ANSWERS IN THIS BOOKLET MUST BE NEATLY PRINTED IN **BLACK INK** BY THE APPLICANT.
3. ALL YES/NO QUESTIONS MUST BE ANSWERED WITH EITHER A "YES" OR A "NO" RESPONSE. **DO NOT USE "N/A" ANYWHERE IN THIS BOOKLET.**
4. IF MORE WRITING SPACE IS NEEDED THROUGHOUT THIS BOOKLET, SEE THE CONTINUATION PAGE TOWARD THE BACK OF THE BOOKLET, IF NECESSARY YOU MAY ALSO ATTACH ADDITIONAL SHEETS, LIST PAGE NUMBER AND QUESTION NUMBER TO BE FURTHER EXPLAINED.
5. IN ORDER TO AVOID EITHER MISPLACED AND/OR OUT OF PLACE PAGES, **PLEASE STAPLE THE BOOKLET IN THE UPPER LEFT HAND CORNER IMMEDIATELY AFTER PRINTING. IN ORDER TO AVOID AUTOMATIC DISQUALIFICATION ALL PAGES MUST BE ATTACHED.**
6. IF YOU ARE UNSURE ABOUT A QUESTION, CONTACT THE BACKGROUND AND RECRUITING UNIT FOR INSTRUCTIONS AT (770) 724-7445.

It is necessary that all information be complete, truthful, and accurate. (Georgia Peace Officer Standards and Training Council, Chapter 464-4.12: "The Council shall deny certification to any applicant supplying false information . . . or the use of fraud in securing employment . . .")

Discovery of deliberate omissions, intentional misrepresentations, or any falsified information will be a basis for the termination of the application process or employment and could result in criminal prosecution under Georgia Law Section 16-10-20. On the other hand, any negative factors provided will be evaluated.

It is imperative any conviction be listed (to include a finding or a verdict of guilt, a plea of guilty, a plea of nolo contendere in a criminal proceeding, regardless of whether the judgment of guilt or sentence is withheld or not entered thereon, and/or expungement). This includes First Offenders. (Georgia State Law 35-8-7.1)

All information will be subject to verification through polygraph/voice stress analysis and administrative investigation. **All information verified is confidential and will not be given to the applicant.**

I UNDERSTAND THAT IF I DO NOT WISH TO ANSWER A QUESTION IN THIS BOOKLET, I MAY CHOOSE NOT TO DO SO AND MY APPLICATION WILL BE TERMINATED.

SIGNATURE

DATE

Name: _____

Last ***First*** ***Middle***

Page 2
Personal Data (Continued)

List all organizations, clubs and associations which you are or have been a member of or associated with:

If none, so state _____

List any other special skills, abilities and/or hobbies you have which may be useful to the position for which you are applying: *If none, so state:* _____

List any **foreign** language skills you have and for each one indicate your knowledge (excellent, good, fair, etc.) in the following areas:

LANGUAGE	SPEAKING	READING	WRITING	UNDERSTANDING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Martial Status: Single [] Married [] Divorced [] Separated [] Widowed []

Name of Current Spouse: _____
(Last) (First) (Full Middle) (Include Maiden)

Date of Marriage: _____ **Place of Marriage:** _____
(Month/Day/Year) (City/State)

Spouse's Employer: _____

Employer's Address: _____

Work Phone Number: (_____) - _____ - _____ Ext. _____

Former Spouses (include maiden name[s]):

Name:	Address	City	State	Zip Code:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Dependents:

Name:	Sex:	Date of Birth:	Place of Birth:	Reside with whom:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FAMILY HISTORY

List all members of your immediate family. Include father, mother, sisters, brothers (step, blood, and half), father-in-law and mother-in-law. If deceased, denote in occupation space. DO NOT INCLUDE SPOUSE OR CHILDREN.

Name: _____

Relationship: _____

Address: _____

Date of Birth: _____

Home Phone: (_____) - _____ - _____ **Work Phone:** (_____) - _____ - _____

Occupation: _____

Name: _____

Relationship: _____

Address: _____

Date of Birth: _____

Home Phone: (_____) - _____ - _____ **Work Phone:** (_____) - _____ - _____

Occupation: _____

Name: _____

Relationship: _____

Address: _____

Date of Birth: _____

Home Phone: (_____) - _____ - _____ **Work Phone:** (_____) - _____ - _____

Occupation: _____

Name: _____

Relationship: _____

Address: _____

Date of Birth: _____

Home Phone: (_____) - _____ - _____ **Work Phone:** (_____) - _____ - _____

Occupation: _____

EDUCATION

Are you a high school graduate? YES ☐ NO ☐ If yes, complete below:

High School Name: _____ **City/State:** _____

Month/Year Graduated: _____ **Name Used:** _____

Do you possess a High School Equivalency (**GED**) Certificate? YES ☐ NO ☐ If yes, complete below:

<i>Issuing Authority</i>	<i>Number</i>	<i>Name Used</i>
--------------------------	---------------	------------------

Indicate below the **SCHOOLS** that you have attended, their location (**City/State**) and the years you attended; even if you dropped out without completing school. **DO NOT** include schools you attended for job proficiency; this includes military schools.

Name of College: _____

From _____ **Until** _____ **City/State:** _____
Month/Year Month/Year

Degree Attained? Associates ☐ Bachelor ☐ Masters ☐ Doctorate ☐ None ☐

Degree Title or Course of Study: _____

Name of College: _____

From _____ **Until** _____ **City/State:** _____
Month/Year Month/Year

Degree Attained? Associates ☐ Bachelor ☐ Masters ☐ Doctorate ☐ None ☐

Degree Title or Course of Study: _____

Name of College: _____

From _____ **Until** _____ **City/State:** _____
Month/Year Month/Year

Degree Attained? Associates ☐ Bachelor ☐ Masters ☐ Doctorate ☐ None ☐

Degree Title or Course of Study: _____

Name of College: _____

From _____ **Until** _____ **City/State:** _____
Month/Year Month/Year

Degree Attained? Associates ☐ Bachelor ☐ Masters ☐ Doctorate ☐ None ☐

Degree Title or Course of Study: _____

PERSONAL REFERENCES

Please provide in the spaces below the names, phone numbers, addresses and other **required** data of five persons who have known you for **five (5) or more years**. These references must not be relatives, former employers or supervisors. These people will be asked to appraise your character, ability, experience, personality and other qualities. You must list a telephone number(s) where they may be easily reached between 8:00 a.m. and 4:00 p.m., Monday through Friday.

NAME _____ YEARS KNOWN _____

ADDRESS _____

Complete street address City State Zip Code

HOME PHONE # _____ WORK PHONE # _____

BUSINESS OR OCCUPATION _____

NAME _____ YEARS KNOWN _____

ADDRESS _____

Complete street address City State Zip Code

HOME PHONE # _____ WORK PHONE # _____

BUSINESS OR OCCUPATION _____

NAME _____ YEARS KNOWN _____

ADDRESS _____

Complete street address City State Zip Code

HOME PHONE # _____ WORK PHONE # _____

BUSINESS OR OCCUPATION _____

NAME _____ YEARS KNOWN _____

ADDRESS _____

Complete street address City State Zip Code

HOME PHONE # _____ WORK PHONE # _____

BUSINESS OR OCCUPATION _____

NAME _____ YEARS KNOWN _____

ADDRESS _____

Complete street address City State Zip Code

HOME PHONE # _____ WORK PHONE # _____

BUSINESS OR OCCUPATION _____

EMPLOYMENT HISTORY

Have you applied, prior to this application, for employment with the DeKalb County Merit System?
YES ☐ NO ☐ *If yes, give details (include when, what position and the outcome):*

Have you ever worked for DeKalb County before? YES ☐ NO ☐ *If yes, give details:*

Are you seeking permanent employment with this department? _____

How did you find out about this job? _____

Have you ever applied for a position with any Federal, State or Local Law Enforcement Agency or any Fire Department? YES ☐ NO ☐ *If yes, provide details below:*

<i>Agency Applied With</i>	<i>Position Applied For</i>	<i>Date</i>	<i>Outcome</i>

If the position you are applying for requires you to wear a uniform, do you object? YES ☐ NO ☐

If the position you are applying for requires you to be clean shaven, do you object? YES ☐ NO ☐

Are you available to work any day of the week, any hour of the day, including holidays? YES ☐ NO ☐

If no, explain: _____

Do you have any experience with shift work? YES ☐ NO ☐ *If yes, which job(s):* _____

Have you ever been engaged in any business as an owner, partner or corporate member?

YES ☐ NO ☐ *If yes, explain:* _____

Have you ever worked for any member of your family? YES ☐ NO ☐ *If yes, explain:*

Have you had any arguments concerning job duties/working conditions? YES ☐ NO ☐ *If yes, explain:*

EMPLOYMENT HISTORY (Continued)

Has a supervisor ever reprimanded you for being late or being absent? YES ☐ NO ☐ *If yes, explain:* _____

Has a supervisor ever reprimanded you for misconduct or for not doing your job right? YES ☐ NO ☐
If yes, explain: _____

Have you ever been the subject of an internal investigation by an employer? YES ☐ NO ☐
If yes, explain: _____

Have you been asked to resign or been fired from a job in the last seven (7) years? YES ☐ NO ☐
If yes, give details: _____

Have you in the last seven (7) years resigned after being told that your employer intended to fire you or take any form of disciplinary action against you? YES ☐ NO ☐ *If yes, give details:* _____

Have you left a job without giving notice in the last seven (7) years? YES ☐ NO ☐ *If yes, give details:* _____

Would contacting your present employer during the course of the background investigation cause you any problems? YES ☐ NO ☐

NOTE: If you check NO, we may contact your present employer at any time during the course of the background investigation.

If you check YES, we will NOT contact your present employer at this time and it will not be held against you. However, all information will be verified later if an offer of employment is made. Falsification could result in the termination of your application process or employment.

If you checked YES above, briefly explain why below and list any/all disciplinary action(s) taken against you by your present employer: *If none, so state* _____

EMPLOYMENT RECORD

List **ALL** jobs you have held in the **last SEVEN (7) years**. **Start** with your **PRESENT** JOB **and** go backwards. Include **ALL** your jobs whether full time, part time, temporary or voluntary. Also include military service and any periods of unemployment. Do not leave any dates unaccounted for during the entire SEVEN (7) year period.

From: _____ To: _____
(Month/Year) (Month/Year)

This job was: Full time ☐ Part time ☐ Temporary ☐ Voluntary ☐ Unemployed ☐

Name of Employer/Business: _____

Street Address: _____

City/State/Zip Code: _____

Your Title/Duties: _____

Your Supervisor's Name: _____

Work Phone Number: (_____) - _____ - _____

Beginning Salary: \$_____ per _____ Ending Salary: \$_____ per _____

Reason For Leaving: _____

From: _____ To: _____
(Month/Year) (Month/Year)

This job was: Full time ☐ Part time ☐ Temporary ☐ Voluntary ☐ Unemployed ☐

Name of Employer/Business: _____

Street Address: _____

City/State/Zip Code: _____

Your Title/Duties: _____

Your Supervisor's Name: _____

Work Phone Number: (_____) - _____ - _____

Beginning Salary: \$_____ per _____ Ending Salary: \$_____ per _____

Reason For Leaving: _____

EMPLOYMENT RECORD (Continued)

From: _____ To: _____
(Month/Year) (Month/Year)

This job was: Full time ☐ Part time ☐ Temporary ☐ Voluntary ☐ Unemployed ☐

Name of Employer/Business: _____

Street Address: _____

City/State/Zip Code: _____

Your Title/Duties: _____

Your Supervisor's Name: _____

Work Phone Number: (_____) - _____ - _____

Beginning Salary: \$_____ per _____ Ending Salary: \$_____ per _____

Reason For Leaving: _____

From: _____ To: _____
(Month/Year) (Month/Year)

This job was: Full time ☐ Part time ☐ Temporary ☐ Voluntary ☐ Unemployed ☐

Name of Employer/Business: _____

Street Address: _____

City/State/Zip Code: _____

Your Title/Duties: _____

Your Supervisor's Name: _____

Work Phone Number: (_____) - _____ - _____

Beginning Salary: \$_____ per _____ Ending Salary: \$_____ per _____

Reason For Leaving: _____

Page 10
EMPLOYMENT RECORD (Continued)

From: _____ To: _____
(Month/Year) (Month/Year)

This job was: Full time ☐ Part time ☐ Temporary ☐ Voluntary ☐ Unemployed ☐

Name of Employer/Business: _____

Street Address: _____

City/State/Zip Code: _____

Your Title/Duties: _____

Your Supervisor's Name: _____

Work Phone Number: (_____) - _____ - _____

Beginning Salary: \$_____ per _____ Ending Salary: \$_____ per _____

Reason For Leaving: _____

From: _____ To: _____
(Month/Year) (Month/Year)

This job was: Full time ☐ Part time ☐ Temporary ☐ Voluntary ☐ Unemployed ☐

Name of Employer/Business: _____

Street Address: _____

City/State/Zip Code: _____

Your Title/Duties: _____

Your Supervisor's Name: _____

Work Phone Number: (_____) - _____ - _____

Beginning Salary: \$_____ per _____ Ending Salary: \$_____ per _____

Reason For Leaving: _____

EMPLOYMENT RECORD (Continued)

From: _____ To: _____
(Month/Year) (Month/Year)

This job was: Full time ☐ Part time ☐ Temporary ☐ Voluntary ☐ Unemployed ☐

Name of Employer/Business: _____

Street Address: _____

City/State/Zip Code: _____

Your Title/Duties: _____

Your Supervisor's Name: _____

Work Phone Number: (_____) - _____ - _____

Beginning Salary: \$_____ per _____ Ending Salary: \$_____ per _____

Reason For Leaving: _____

From: _____ To: _____
(Month/Year) (Month/Year)

This job was: Full time ☐ Part time ☐ Temporary ☐ Voluntary ☐ Unemployed ☐

Name of Employer/Business: _____

Street Address: _____

City/State/Zip Code: _____

Your Title/Duties: _____

Your Supervisor's Name: _____

Work Phone Number: (_____) - _____ - _____

Beginning Salary: \$_____ per _____ Ending Salary: \$_____ per _____

Reason For Leaving: _____

FINANCIAL HISTORY

What income other than salary do you receive at the present? _____

How many persons are dependent upon you for financial support (include natural children, step-children and other relatives whether they live in your household or not)? _____

Do you pay child support? YES ☐ NO ☐ If yes, give amount: \$_____ per _____

Is your child support current? YES ☐ NO ☐ If no, amount in arrears: \$_____

Are you currently paying debts ordered by any court (excluding child support)? YES ☐ NO ☐

Have you ever filed bankruptcy? YES ☐ NO ☐ If yes, complete below:

<i>Year Filed</i>	<i>State/County Filed</i>	<i>Chapter</i>	<i>Date of Discharge</i>

What is your monthly rent/mortgage payment? _____

Are you behind on **any** payments and/or any creditors pressing you for payment? YES ☐ NO ☐

Have you ever had anything repossessed? YES ☐ NO ☐

Have your wages been garnished within the last seven (7) years? YES ☐ NO ☐

Do you have any debts/accounts assigned to collection now? YES ☐ NO ☐

List below **ANY** companies, persons, entities or firms which you now owe money. Include any deferred loans, medical bills, child support, alimony, mortgage loans, etc:

<i>Creditor</i>	<i>Balance</i>

***** A credit history will be obtained on all applicants *****

LAWSUITS

Have you **ever** been a plaintiff or defendant in any civil or criminal lawsuit(s)? YES ☐ NO ☐

If yes, explain: _____

MILITARY HISTORY

If you were never in the active Military, Reserve or National Guard, check here [] and skip this page.

Are you now a member of any military organization? YES [] NO []

Identify what component(s) of the military you were enlisted in:

[] Regular [] Active Reserve [] National Guard

Identify which branch(es) you were enlisted in or a member of:

[] Army [] Air Force [] Marines [] Navy [] Coast Guard

Give period(s) of military service:

<i>From</i>	<i>To</i>	<i>Branch</i>	<i>Highest Rank Held</i>	<i>Type Discharge</i>

What was your service number? _____

List any medals, decorations, awards and citations you received while in the military:

Were you ever listed as AWOL (Absent without Leave) or U/A (Unauthorized Absence)?

YES [] NO [] *If yes, explain:* _____

Were you ever court-martialed, tried on charges or punished under the Uniform Code of Military Justice including Article 15, Captain's Mast, Office Hours, Page 11, Deck Court, company punishment or any other disciplinary action while a member of any of the armed forces (including active duty as well as Reserves or National Guard)? YES [] NO [] *If yes, explain:*

Were you ever reduced in rank? YES [] NO [] *If yes, explain:* _____

List other trouble you have been involved in (on or off duty) while in the military: *If none, state so:*

Other than the United States, were you ever a member of any foreign armed forces? YES [] NO []

If yes, explain: _____

ALCOHOL/SUBSTANCE USE

It is a fact some individuals experiment with different substances during their life.
If you once had a drinking problem that no longer exists, do not be unduly concerned.
Answer each question truthfully.

Do you drink alcoholic beverages? YES ☐ NO ☐ If yes, explain _____

Have you ever been fired, lost a job, been penalized or counseled by an employer because of an alcohol related problem? YES ☐ NO ☐ If yes, explain: _____

Within the last seven (7) years, have you called in sick on a job because you suffered a hangover? YES ☐ NO ☐ If yes, explain: _____

Within the last seven (7) years, have you consumed alcohol while working? YES ☐ NO ☐ If yes, explain: _____

Have you ever held a job where use of alcohol on the job was a common practice? YES ☐ NO ☐ If yes, explain: _____

Have you ever had any trouble with a spouse or family due to drinking? YES ☐ NO ☐ If yes, explain: _____

List any other trouble you have had while drinking: (If none, so state) _____

Have you ever used marijuana or any other illegal drugs during working hours (this includes lunch and coffee breaks, as well as while actually working) during the last 10 years? YES ☐ NO ☐ If yes, explain: _____

Have you ever sold marijuana or any other illegal drugs to friends or anyone with or without profit to yourself? YES ☐ NO ☐ If yes, explain (include when, number of times, type of drugs, total amount sold, and how much profit was made): _____

Have you ever been the holder or operator (even temporarily) of funds, monies, valuables, paraphernalia, apparatus, land, vehicles, planes, boats or other transportation vehicles that were used directly or indirectly to buy, grow, store, sell, trade or transport illegal drugs, substances, stolen property of contraband? YES ☐ NO ☐ If yes, explain: _____

SUBSTANCE USE (Continued)

Please describe your use (experimental or otherwise) of any of the below substances. Answer every line truthfully in the space provided. Indicate when you first tried the drugs listed, when you last used the drugs listed and the approximate number of times you used them.

ALL ANSWERS WILL BE VERIFIED BY COMPUTER VOICE STRESS ANALYSIS AND BACKGROUND INVESTIGATION.

<i>Substance</i>	<i>Approximate Date of First Use</i>	<i>Approximate Date of Last Use</i>	<i>Approximate # of Times Used</i>
Marijuana			
Hashish			
Angel Dust			
Cocaine			
Crack Cocaine			
Crank			
Crystal Methamphetamine			
Ecstasy			
Heroin			
Ice			
LSD			
Magic Mushrooms/PCP			
Mescaline/Cactus			
Morphine			
Opium			
Psilocybin			
Quaaludes			
Speed (<i>Specify Type</i>)			
Steroids			
STP			
THC			
Prescription Drugs - Not Prescribed To You (<i>Specify Type</i>)			
Any Other Illegal Drugs (<i>Specify Type</i>)			

CRIMINAL ACTIVITY

Indicate any of the following you have **ever** done (**even if you were never caught**):

- | | |
|---|--|
| <input type="checkbox"/> Arson | <input type="checkbox"/> Kidnapping |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Murder |
| <input type="checkbox"/> Breaking & Entering | <input type="checkbox"/> Passing Bad Checks |
| <input type="checkbox"/> Credit Card Fraud | <input type="checkbox"/> Possession of Marijuana |
| <input type="checkbox"/> Cruelty to Animals | <input type="checkbox"/> Possession of Narcotics |
| <input type="checkbox"/> Drug Sales | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> DWI/DUI | <input type="checkbox"/> Shoplifting |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Steal Anything |
| <input type="checkbox"/> Forgery | <input type="checkbox"/> Theft From an Employer |
| <input type="checkbox"/> Grand Theft Auto | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Any Sex Crimes (including Rape, Child Molestation, Incest, Aggravated Sodomy, Peeping Tom, Stalking, Etc.) | |

Give a brief explanation below on any of the above you checked (include your age at the time of the incident) : *If you have never done any of the above, state so:* _____

Have you **ever** been the subject of any criminal investigation by a law enforcement agency (including military authorities) concerning any alleged misconduct on your part? YES ☐ NO ☐

If yes, explain: _____

Have you **ever** been questioned in connection with any violation of the law (other than a traffic offense)? YES ☐ NO ☐ *If yes, explain:* _____

Have you **ever** been fingerprinted? YES ☐ NO ☐ *If yes, give details below:*

<i>When</i>	<i>Agency</i>	<i>Purpose</i>

Has there **ever** been a warrant, TPO, and/or restraining order issued against you? YES ☐ NO ☐

If yes, explain: _____

CRIMINAL ACTIVITY (Continued)

Have you **ever** been arrested, detained or had to post bond by any police, sheriff, military police or other County, State or Federal agency? This includes juvenile arrests, County ordinance arrests or citations, charges that were dismissed, dropped, handled as First Offenders, or expunged.

YES ☐ NO ☐ *If yes, give details below:*

<i>Crime Charged</i>	<i>Misdemeanor or Felony</i>	<i>Date of Arrest</i>	<i>Arresting Agency</i>	<i>Disposition</i>

Could you be wanted by any law enforcement agency (foreign or domestic)? YES ☐ NO ☐

Are you applying with this Department for any dishonest reasons? YES ☐ NO ☐

If yes, explain: _____

Have you **ever** been a member of or associated with any foreign or domestic organization, association, movement, group or combination of persons whose policy or ideals advocate or approve the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means? YES ☐ NO ☐

Have you **ever** been placed on probation or parole? YES ☐ NO ☐

Are you currently under any subpoenas? YES ☐ NO ☐ *If yes, explain:* _____

Have you ever given a false statement to an official or in an official proceeding? YES ☐ NO ☐

If yes, explain: _____

Are you being paid/urged by any person or organization to work for this Department? YES ☐ NO ☐

If yes, by whom: _____

Have you ever pawned any item(s) that belonged to you or someone else? YES ☐ NO ☐

If yes, list below:

<i>Item Pawned</i>	<i>When</i>	<i>Where Pawned</i>

DRIVING HISTORY

This section pertains to your personal driving history. Please provide **all** requested information.

Do you have a current valid driver's license? YES ☐ NO ☐

The current status of your driver's license is:

Valid ☐ Suspended ☐ Revoked ☐ Other ☐ (*Specify _____*)

<i>State of Issue</i>	<i>License Number</i>	<i>Class</i>	<i>Expiration Date</i>

List below any restrictions (Example, corrective lenses, daytime only, etc. *If none, so state*) :

Do you hold any other valid driver's license? YES ☐ NO ☐

Have you **ever** had a driver's license issued by any other State? YES ☐ NO ☐ *If yes, list below:*

<i>Issuing State</i>	<i>License Number</i>	<i>Approximate Date</i>

Has any State ever refused to issue you a driver's license? YES ☐ NO ☐ *If yes, explain:*

Have you **ever** obtained a driver's license under any name other than the one you are applying under now? YES ☐ NO ☐ *If yes, explain:* _____

Has any driver's license you **ever** had been suspended or revoked? YES ☐ NO ☐

If yes, explain: _____

DRIVING HISTORY (Continued)

List below **all** traffic citations (except for parking) that you have received in the last **seven (7) years**.
If none, so state.

<i>Location (City/State)</i>	<i>Approximate Date</i>	<i>Nature of Violation</i>	<i>State of License</i>	<i>Penalty/ Disposition</i>

Do you have any unpaid parking tickets? YES ☐ NO ☐ *If yes, explain:* _____

Have you **ever** struck a person/vehicle/object without stopping and/or reporting the accident?

YES ☐ NO ☐ *If yes, explain:* _____

List below **all** vehicle accident that you have **ever** been involved in as a **driver**, whether reported or not. *If none, so state.*

<i>Approximate Date</i>	<i>Location (Jurisdiction)</i>	<i>Injuries</i>	<i>Who was Cited?</i>

Have you **ever** been involved in an accident driving your employer's vehicle? YES ☐ NO ☐

If yes, explain: _____

PROFESSIONAL LICENSE

Have you ever attended a State Mandate school for Police, Sheriff or Corrections Officer?

YES ☐ NO ☐ If yes, give details below:

<i>Type of Certification Awarded</i>	<i>Certification Number</i>	<i>Dates Attended</i>	<i>Place Attended</i>

Have you ever held any EMS certification(s) [include any State certification(s), National Registry, as well as BCLS, ACLS, etc.]? YES ☐ NO ☐ If yes, give details below:

<i>Type of Certification/ Classification Awarded</i>	<i>Certification Number</i>	<i>Expiration Date</i>

Have you received any additional training which qualified you as a specialist in any field (include SWAT, Dive Training, Hazmat, etc.)? YES ☐ NO ☐ If yes, give details below:

<i>Type of Classification</i>	<i>Details (Include Applicable Dates)</i>

Have you ever had any certification suspended or revoked? YES ☐ NO ☐

Have you **ever** been the focus of an internal/departmental investigation? YES ☐ NO ☐

If yes, explain: _____

Have you **ever** been suspended while working as a either a Law Enforcement Official, Fire Fighter, Paramedic or EMT? YES ☐ NO ☐ If yes, explain: _____

Have you **ever** been sued as a result of an on-duty related incident? YES ☐ NO ☐

If yes, explain: _____

CONTINUATION PAGE

Use the spaces below to continue any section which you did not have room to complete.
Indicate what page and title of section your continuation is in reference to.

From page number:_____ **Section:**_____

From page number:_____ **Section:**_____

From page number:_____ **Section:**_____

From page number:_____ **Section:**_____

From page number:_____ **Section:**_____



DeKalb County Police

Background & Recruiting Unit
1950 West Exchange Place
Tucker, GA 30084
Phone: (770) 724-7445
FAX: (770) 724-7444

INSTRUCTION SHEET FOR WAIVERS AND FOLLOWING FORMS

The following pages of waivers and various forms **must** be completed in order for you to remain in consideration for a position with the DeKalb County Police Department. **When signing the waivers, please have them notarized by a Notary Public.**

If you **have not** been in the military, fill out the "Military Affirmation" waiver, which confirms that you have never been in the military. If you **have** been in the military, fill out the "Authorization for the Release of Personal Military Information" waiver.

Detach the last page (documents list) for your use. Police Officer applicants will need to bring the below documents on the day of their background investigation interview. **All other applicants will need to supply their documents to the Background Unit, not to the Merit System. Do not mail original documents.** They will be viewed during your interview and then returned to you.

If you have any questions, you may contact the Background and Recruiting Unit office at (770) 724-7445 between the hours of 8:00 a.m. and 4:30 p.m. We request that you do not call us just to inquire about your status. Due to the volume of applicants we process and the amount of work it entails, it will only slow down the background investigation process. Keep in mind that the background investigation process is quite lengthy.

It is **mandatory** that you call both the Background and Recruiting Unit at (770) 724-7445 and the Merit System at (404) 371-2332 if your address or phone numbers change. **Failure to update this information will result in your background hiring process to be closed.**

All information obtained during the background investigation is confidential and **will not** be given out to anyone outside the Background and Recruiting Unit chain-of-command. Applicants are **not** given any information that was obtained during the investigation and all documentation gathered during the investigation **will not** be returned to or copied for the applicant.



**OFFICE OF CONTRACT COMPLIANCE
AND EQUAL EMPLOYMENT OPPORTUNITY**

**DeKalb County Policy on
Non-Discrimination on the Basis of Disability**

DeKalb County Government does not discriminate on the basis of disability in the admission or access to, or treatment or employment in its programs or activities.

The Director of the Office of Contract Compliance and Equal Employment Opportunity has been designated to coordinate compliance with the non-discrimination requirements contained in Section 35.107 of the Department of Justice regulations. Information concerning provisions of the Americans with Disabilities Act, and the rights provided there under, are available from the ADA Coordinator.

Requests for alternative formats or special accommodations for access to County meetings, programs and/or services should be made to the ADA Coordinator ten (10) days in advance.

Any questions or concerns should be addressed to the Coordinator at (404) 371-4795 (voice) or (404) 371-7064 (TDD).

**MANUEL J. MALOOF CENTER FOR DEKALB COUNTY GOVERNMENT ADMINISTRATION
1300 COMMERCE DRIVE, SIXTH FLOOR, DECATUR, GEORGIA 30030
(404) 371-4795 / FAX (404) 371-7004**



DeKalb County Police

Background & Recruiting Unit

1950 West Exchange Place

Tucker, GA 30084

Phone: (770) 724-7445

FAX: (770) 724-7444

APPLICANT'S RELEASE AGREEMENT

I, _____, do hereby swear or
(Print Name)

affirm that there are no misrepresentations, omissions or false answers to questions in my DeKalb County employment application, in my background investigation booklet or in any verbal or written statement made to the Background Unit personnel. I am aware that should investigation disclose such misrepresentations, falsifications or omissions, **my application will be rejected and I will be disqualified from applying in the future for any position in the service of the DeKalb County Police Department.** I am also aware that should I be accepted for employment with the DeKalb County Police Department and subsequent investigation discloses misrepresentations, falsifications or omissions, it will be just cause for my immediate dismissal from employment.

My signature below further acknowledges that I do hereby agree to notify any duly authorized agent of the DeKalb County Police Department Background and Recruiting Unit of any changes regarding information I have provided. This notification would include, but is not limited to the following:

Arrests
Traffic Citations
Job Terminations
Change of Jobs
Bankruptcies

Financial Responsibilities Assigned to Collections
Civil and Criminal Litigation
Drug Use
Change of Address or Phone Number
Any Other Information Pertinent to an Employment
Background Investigation

I realize failure to report such information to the hiring agency could affect my status as an applicant. Additionally, if hired, failure to disclose pertinent information during the hiring process could result in the termination of my employment.

By signing below, I further expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation, as conducted by the DeKalb County Police Department Background and Recruiting Unit, realizing that such information must remain confidential. Additionally, I understand that this background booklet is the property of the DeKalb County Police Department. As such, I acknowledge that I can not, for any reason, view this background booklet nor can I obtain either this original booklet or a copy of it at a later date.

Signature of Applicant

Notary Public

Date



DeKalb County Police

Background & Recruiting Unit
1950 West Exchange Place
Tucker, GA 30084
Phone: (770) 724-7445
FAX: (770) 724-7444

MILITARY AFFIRMATION

I, _____, do hereby swear or affirm that I
(Print Name)

have never been enlisted nor served in any of the military forces of the United States or in any foreign military service.

I further swear or affirm that I have never served in any branch of the United States Reserve Forces or in any State National Guard.

Signature of Applicant

Social Security Number

Notary Public

Date



DeKalb County Police

Background & Recruiting Unit
1950 West Exchange Place
Tucker, GA 30084
Phone: (770) 724-7445
FAX: (770) 724-7444

AUTHORIZATION FOR THE RELEASE OF PERSONAL MILITARY INFORMATION

I, _____, do hereby authorize the National
(Print Name)

Personnel Records Center, St. Louis, Missouri, or any other custodian of my personal or criminal military records to release to the DeKalb County Police Department any information or photocopies of my military personnel records. These records include, but are not limited to, copies of my undeleted DD214, medical records, drug or alcohol information, Report of Separation, Article 15's and/or non-judicial punishments or any other derogatory information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Applicant

Social Security Number

Notary Public

Date

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize DeKalb County Police Department
to receive any Georgia criminal history record information pertaining to me which may be in the
files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- ☐ Employment with mentally disabled (Purpose code 'M')
- ☐ Employment with elder care (Purpose code 'N')
- ☐ Employment with children (Purpose code 'W')
- ☐ Employment with criminal justice agency – civilian (Purpose code 'J')
- ☐ Employment with criminal justice agency – P.O.S.T. certified (Purpose code 'Z')

One of the following must be checked:

- ☒ This authorization is valid for 90 days from date of signature.
- ☐ I, _____ give consent to the above
named to perform periodic criminal history background checks for the duration of my
employment with this company.

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Georgia Driver's History Consent Form

I hereby authorize the DeKalb County Police Department
(fire department/law enforcement agency name)
to receive a copy of my Georgia driver's history information as part of my application for
criminal justice employment, or for use relative to the performance of my official duties
with this agency.

Full Name (print)

Sex

Date of Birth

Driver's License Number

Signature

Date



DeKalb County Police

Background & Recruiting Unit
1950 West Exchange Place
Tucker, GA 30084
Phone: (770) 724-7445
FAX: (770) 724-7444

DeKalb County Policy on Tattoos, Body Art or Branding

I, _____, acknowledge that I have read
(*Print Name*)
the below listed DeKalb County policy.

4-14.33 TATTOOS, BODY ART OR BRANDING

The standard that will be used by the DeKalb County Police Department shall be that which is considered appropriate in a paramilitary, customer service-oriented profession that services the community at large. This policy will be in force for all departmental personnel, sworn or non-sworn.

Tattoos/body art/brands on the head, face, neck, hands, or scalp visible while in uniform are prohibited.

Tattoos/body art/ brands that are excessive, obscene, and sexually explicit or advocate or symbolize sex, gender, racial, religious, ethnic or national origin discrimination are prohibited. In addition, tattoos/body art/brands that advocate or symbolize gang affiliation, supremacist or extremist groups, or drug use are prohibited.

Excessive will be defined as tattoos/body art/brands which exceed 1/4 of the exposed body part and those above the collarbone and readily visible when wearing an open collar uniform.

By my signature, I swear, represent, or affirm that I have read and understand the tattoo, body art or branding policy, and presently have no tattoos, body art or branding in violation of this policy. Further, I have disclosed all tattoos, body art or branding for determination of their prejudicial or offensive nature to police personnel during this application process. Finally, should I become employed by the DeKalb County Police Department, I will not acquire any tattoo, body art or branding that violates this policy.

Signature of Applicant

Notary Public

Date



DeKalb County Police

Background & Recruiting Unit
1950 West Exchange Place
Tucker, GA 30084
Phone: (770) 724-7445
FAX: (770) 724-7444

APPLICANT'S ACKNOWLEDGEMENT OF UNDERSTANDING OF GEORGIA CODE 35-8-22

I, _____, understand that if I am employed by another
(Please print name)

agency within 15 months after completing mandated or formalized training requirements, then the total expense of my training, including salary paid during training, shall be reimbursed by the hiring agency to DeKalb County Government. I further understand that if I am employed by another agency during a period of 15 to 24 months after completing mandated or formalized training requirements, then one-half of the total expense of my training, including salary paid during training, shall be reimbursed by the hiring agency to DeKalb County government.

The information provided above is in accordance with Georgia Code 35-8-22. By providing my signature below, and accepting employment as a Peace Officer for the DeKalb County Police Department, I acknowledge the terms of the code section as stated above.

Signature

Notary Public

Date



DeKalb County Police

Background & Recruiting Unit
1950 West Exchange Place
Tucker, GA 30084
Phone: (770) 724-7445
FAX: (770) 724-7444

PERSONAL INFORMATION RELEASE AUTHORIZATION

I, _____, do hereby authorize a review of and
(Print Name)

full disclosure of all records concerning myself to any duly authorized agent of DeKalb County Police Department, Background Unit, whether the said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of all records to include criminal, driving and all records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, polygraph reports and charts; efficiency ratings; complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the DeKalb County Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life. This access is granted for the specific purpose of conducting a background investigation which may provide pertinent data in determining my suitability for employment with DeKalb County. Refusal to disclose the information requested could cause my application process to be delayed or discontinued.

Signature of Applicant

Notary Public

Date



DeKalb County Police

Background & Recruiting Unit

1950 West Exchange Place

Tucker, GA 30084

Phone: (770) 724-7445

FAX: (770) 724-7444

DOCUMENTS TO BE TURNED IN TO THE BACKGROUND UNIT

1. **Original** and **three copies** of your current driver's license issued by the State you legally reside in.
2. **Original** and **three copies** of your social security card.
3. **Original or certified copy** and **two additional copies** of your birth certificate.
4. **Original** and **three copies** of your naturalization paperwork.
5. **Two copies** of **all** your marriage licenses and **two copies** of **all** your divorce papers (Final decree only).
6. **Two copies** of any **major civil** or **criminal** litigations (court cases, law suits, bankruptcies, etc).
7. **Two copies** of completion of First Offender's Act or Expungement (if applicable).
8. **Original or certified copy** and **two copies** of your DD214 **long form** (military service).
9. **Original** and **two copies** of your high school diploma or GED certificate.
If you have lost your diploma/certificate, you may supply a certified high school transcript or a **certified** letter on your high school's **letterhead** stating the date of graduation.
10. **Certified copy** (sealed/unopened) of your college transcript(s). College entrance exam test scores (SAT/ACT/Compass/Asset)
11. **Original** and **two copies** of your college diploma(s).
12. **Two copies** of training certificate(s) you have received that relate to the job applied for.

***** You should make every effort to bring all the documents listed above with the appropriate number of copies. *****

If you can not get any of the above prior to your background interview, still show up for your interview and the Background and Recruiting Unit will advise you further.

Your releases must be notarized for your background investigation to begin.
Failure to have them notarized can slow down the hiring process.

Your originals and certified copies will be returned to you after we have viewed them.

For any questions, contact the Background and Recruiting Unit at (770) 724-7445.

